

[RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS](#)
[RETURN TO CD-ROM TABLE OF CONTENTS](#)



Field Service Procedure

Part Number: SP00175
Rev: D
Date: 20 September 2003
© 2003 Draeger Medical, Inc.

**Periodic Manufacturer's Certification
Forms**

[RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS](#)
[RETURN TO CD-ROM TABLE OF CONTENTS](#)

Periodic Manufacturer's Certification Forms

PERIODIC MANUFACTURER'S CERTIFICATION

The following pages contain illustrations of Periodic Manufacturer's Certification (PMC) forms and labels to assist the Technical Service Representative in identifying and completing this documentation.

Pages 2 through 8 illustrate sample checklists with typical periodic maintenance items filled in including vapor concentration tests, parts replaced, general comments and certification level.

Page 9 illustrates reverse side of the PMC forms with equipment condition and corresponding DMI recommended correction.

Page 10 illustrates sample PMC labels marked to show several levels of certification.

Pages 11 and 12 show DMI part numbers for various forms and labels.

Pages 13 through 18 show applicable standards for the components used in anesthesia systems.

Pages 18 through 19 show a sample of the Executive Summary furnished to the customer when a PMC is completed.

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17502



A Dräger and Siemens Company

NARKOMED □2B ☒2C □GS ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL			SOFTWARE VERSION NUMBER	1.3
ADDRESS	123 MAIN STREET			MACHINE SERIAL NUMBER	13695
CITY	ANYTOWN	STATE	PA	ZIP	18970
TELEPHONE	(610	368-4361	CONTACT	Dr. Jones	
DISPATCH NUMBER	36915				

<input checked="" type="checkbox"/> Verify Test Equipment Due Dates	<input checked="" type="checkbox"/> SP00062 Vent Valve Lube Due <u>(H)</u>	<input checked="" type="checkbox"/> SP00075 Relief Valve Diaphragm Due <u>08-03</u>	<input checked="" type="checkbox"/> Dräger Vaporizer Verification SP00073	<input type="checkbox"/> DES Vaporizer Verification SP00091/SP00189																		
6.1 SELF DIAGNOSTICS																						
6.2 ELECTRICAL SAFETY - DUE <u>08-03</u>																						
<input checked="" type="checkbox"/> 6.2.1 Ground Continuity <input checked="" type="checkbox"/> 6.2.2 Circuit Isolation <input checked="" type="checkbox"/> 6.2.3.3 Chassis Leakage Current <table border="0"> <tr> <td>Ground</td> <td>Polarity</td> </tr> <tr> <td>Normal</td> <td>Normal</td> <td>0</td> <td>µA</td> </tr> <tr> <td>Open</td> <td>Normal</td> <td>10</td> <td>µA</td> </tr> <tr> <td>Open</td> <td>Reversed</td> <td>10</td> <td>µA</td> </tr> <tr> <td>Normal</td> <td>Reversed</td> <td>0</td> <td>µA</td> </tr> </table>					Ground	Polarity	Normal	Normal	0	µA	Open	Normal	10	µA	Open	Reversed	10	µA	Normal	Reversed	0	µA
Ground	Polarity																					
Normal	Normal	0	µA																			
Open	Normal	10	µA																			
Open	Reversed	10	µA																			
Normal	Reversed	0	µA																			
<input checked="" type="checkbox"/> 6.2.4 Convenience Receptacle & Outlet Strip																						
6.3 CONFIGURATION																						
6.4 SERVICE DATA																						
<input checked="" type="checkbox"/> 6.4.8 Reset Service Date <u>11-02</u> <input checked="" type="checkbox"/> 6.4.10 Next Service - Due <u>11-02</u>																						
6.5 CALIBRATIONS - DUE <u>8-03</u>																						
<input checked="" type="checkbox"/> 6.5.3 O2 Analyzer Zero Calibration <input checked="" type="checkbox"/> 6.5.10 Pressure Zero & Span Calibration																						
6.6 ABSORBER MAINTENANCE																						
6.7 HIGH PRESSURE LEAK																						
6.8 BREATHING SYSTEM																						
<input checked="" type="checkbox"/> 6.8.1.8 Fresh Gas Leak <input checked="" type="checkbox"/> 6.8.1.10 Left Vaporizer Leak <input checked="" type="checkbox"/> 6.8.1.12 Center Vaporizer Leak <input checked="" type="checkbox"/> 6.8.1.14 Right Vaporizer Leak <input checked="" type="checkbox"/> 6.8.1.15 Vapor Exclusion System <input checked="" type="checkbox"/> 6.8.2.4 Absorber APL Valve <input checked="" type="checkbox"/> 6.8.3.5 O2 Flush Rate																						
<input checked="" type="checkbox"/> 6.8.4.5 Expiratory Valve Leak	<input checked="" type="checkbox"/> 6.8.5.7 Inspiratory Valve Leak	<input checked="" type="checkbox"/> 6.15 VENTILATOR																				
<input checked="" type="checkbox"/> 6.8.6.10 PEEP Max Pressure	<input checked="" type="checkbox"/> 6.8.7.10 Bain Adapter Leak	<input checked="" type="checkbox"/> 6.15.9 Extended Range I:E Ratio																				
<input type="checkbox"/> 6.8.7.14 Bain APL Valve	<input type="checkbox"/> 6.8.7.14 Bain APL Valve	<input checked="" type="checkbox"/> 6.15.10 I:E Ratio																				
6.9 OXYGEN ANALYZER																						
<input checked="" type="checkbox"/> 6.9.2 O2 Calibration <input checked="" type="checkbox"/> 6.9.14 O2 Flow Concentration																						
6.10 FLOWMETER CONCENTRATIONS																						
<input checked="" type="checkbox"/> 6.10.1 Oxygen Flowmeter <input checked="" type="checkbox"/> 6.10.2 Oxygen-Helium Flowmeter <input checked="" type="checkbox"/> 6.10.3 Helium Flowmeter <input checked="" type="checkbox"/> 6.10.4 Nitrogen Flowmeter <input checked="" type="checkbox"/> 6.10.5 Carbon Dioxide Flowmeter <input checked="" type="checkbox"/> 6.10.6 Air Flowmeter <input checked="" type="checkbox"/> 6.10.7 Nitrous Oxide Flowmeter <input checked="" type="checkbox"/> 6.10.8.2 ORC @ 4L/min. <input checked="" type="checkbox"/> 6.10.8.4 ORC @ 2L/min. <input checked="" type="checkbox"/> 6.10.8.4 ORC @ 1L/min. <input checked="" type="checkbox"/> 6.10.9.2 ORMC @ 1L/min. <input checked="" type="checkbox"/> 6.10.9.10 ORMC @ 2L/min. <input checked="" type="checkbox"/> 6.10.9.12 ORMC @ 4L/min. <input checked="" type="checkbox"/> 6.10.10 Auxiliary Oxygen Flowmeter																						
6.11 HIGH PRESS. REG - DUE <u>02-03</u>																						
<input checked="" type="checkbox"/> 6.11.1.7 N2O Regular <input checked="" type="checkbox"/> 6.11.2.6 Air Regulator <input checked="" type="checkbox"/> 6.11.3.6 CO2 Regular																						
6.12 LOW O2 SUPPLY - DUE <u>02-03</u>																						
6.13 O2 SUPPLY FAILURE PROTECTION																						
<input checked="" type="checkbox"/> 6.13.3 Minimum O2 Flow <input checked="" type="checkbox"/> 6.13.5 N2O Bypass Flow @ Min. O2 <input checked="" type="checkbox"/> 6.13.8 O. F.P.D. Verification																						
6.14 PRESSURE MONITOR																						
<input checked="" type="checkbox"/> 6.14.5 APNEA Pressure Caution <input checked="" type="checkbox"/> 6.14.6 APNEA Threshold <input checked="" type="checkbox"/> 6.14.8 CONTINUOUS PRESS Warning <input checked="" type="checkbox"/> 6.14.9 CONTINUOUS Threshold <input checked="" type="checkbox"/> 6.14.10 VENT PRESS HI Threshold <input checked="" type="checkbox"/> 6.14.11 SUB ATM PRESSURE Threshold																						
6.15 VENTILATOR																						
<input checked="" type="checkbox"/> 6.15.9 Extended Range I:E Ratio <input checked="" type="checkbox"/> 6.15.10 I:E Ratio <input checked="" type="checkbox"/> 6.15.19 PLC @ 30 <input checked="" type="checkbox"/> 6.15.20 PLC @ MIN <input checked="" type="checkbox"/> 6.15.22 Reverse Flow <input checked="" type="checkbox"/> 6.15.28 APNEA - VOLUME Caution <input checked="" type="checkbox"/> 6.15.32 Flow Direction Check <input checked="" type="checkbox"/> 6.15.33 Volume Monitor Accuracy																						
6.16 BELLOWS ADULT																						
<input checked="" type="checkbox"/> 6.16.1 1200 ml Tidal Volume <input checked="" type="checkbox"/> 6.16.2 Bellows Inflation Check <input checked="" type="checkbox"/> 6.16.7 Drive Gas Leakage <input checked="" type="checkbox"/> 6.16.14 Max Tidal Volume <input checked="" type="checkbox"/> 6.16.15 Relief Valve PEEP <input checked="" type="checkbox"/> 6.16.21 200 ml Tidal Volume																						
6.17 BELLOWS PEDIATRIC EXTERNAL																						
<input checked="" type="checkbox"/> 6.17.4 Bellows Inflation Check <input checked="" type="checkbox"/> 6.17.7 Max Tidal Volume <input checked="" type="checkbox"/> 6.17.9 100 Tidal Volume <input checked="" type="checkbox"/> 6.17.12 Relief Valve PEEP <input checked="" type="checkbox"/> 6.17.20 Drive Gas Leakage																						
6.18 BELLOWS PEDIATRIC INTERNAL																						
<input checked="" type="checkbox"/> 6.18.3 Bellows Inflation Check <input checked="" type="checkbox"/> 6.18.6 Max Tidal Volume <input checked="" type="checkbox"/> 6.18.8 100 Tidal Volume <input checked="" type="checkbox"/> 6.18.10 Relief Valve PEEP <input checked="" type="checkbox"/> 6.18.17 Drive Gas Leakage																						
6.19 OPEN RESERVOIR - DUE <u>02-03</u>																						
6.20 A/C SCAVENGER - DUE _____																						
6.21 BAG SCAVENGER - DUE _____																						
6.22 SUCTION REGULATOR - DUE <u>02-03</u>																						
6.23 MANUAL SPHYGMOMETER - DUE <u>02-03</u>																						
6.24 FINAL TESTS																						
<input checked="" type="checkbox"/> 6.24.1 Operator's Instruction Manual																						

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H.E.I.S)	1.0 VOL % RIKEN	2.5 VOL % RIKEN	4.0 VOL % RIKEN	RECOMMENDED FOR USE YES NO
	+AREJ-1234	H	1.07	2.53	4.11	X
	ARFP 3456	I	1.07	2.55	4.09	X
	ARHK 4315	S	1.02	2.76	4.26	X

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	BIOOTEK 501	11/02	7342	FLOWMETER	06/03	0081
	MULTI-METER	2/03	2733			
	SENSYM	11/02	2212			
	RIKEN 1814	10/02	0424			
	TEST GAUGE	4/03	0063			

RECOMMENDATIONS/ GENERAL COMMENTS	SEE EQUIPMENT CONDITION NUMBER 30	CERTIFICATION LEVEL
	LAST VISIT	B
	THIS VISIT	B

T. S. R. Signature	John Green	I. D. No.	E-409	Time	6:00pm	Customer Signature	Drew Jones, MD	Date	8/10/02
--------------------	------------	-----------	-------	------	--------	--------------------	----------------	------	---------

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17503

Dräger medical

A Dräger and Siemens Company

**FABIUS GS
ANESTHESIA SYSTEM**

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	1.01
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	12385
CITY	ANYTOWN	ROOM NUMBER	8
STATE	PA	P.O. NUMBER	73684
ZIP	18970	DISPATCH NUMBER	D7643CF2
TELEPHONE (610)	368-4361	CONTACT	Dr. Jones

7.1 ELECTRICAL SAFETY		7.9.6 FRESH GAS DECOUPLING VALVE		7.18 OXYGEN CONCENTRATIONS	
<input checked="" type="checkbox"/>	7.1.1 Protective Ground Continuity	<input checked="" type="checkbox"/>	7.9.6.7 Fresh Gas Decl Valve Leak	<input checked="" type="checkbox"/>	n/a
<input checked="" type="checkbox"/>	7.1.2 Circuit Isolation	<input checked="" type="checkbox"/>	7.9.7 LEAKAGE CONTROL PORT	<input checked="" type="checkbox"/>	67 %O ₂
<input checked="" type="checkbox"/>	7.1.3 Auxiliary Outlet Strip	<input checked="" type="checkbox"/>	7.9.7.5 Leakage Control Port	<input checked="" type="checkbox"/>	4.2 L/min
<input checked="" type="checkbox"/>	7.1.4.3 Chassis Leakage Current	<input checked="" type="checkbox"/>	7.10 VAPOR INTERLOCK SYSTEM	<input checked="" type="checkbox"/>	50 L/min
Open/Normal	10 µA	<input checked="" type="checkbox"/>	7.11 YOKES & GAUGES	<input checked="" type="checkbox"/>	75 %O ₂
Normal/Normal	0 µA	<input checked="" type="checkbox"/>	7.11.1 Yokes & Gauges	<input checked="" type="checkbox"/>	
Open/Reverse	10 µA	<input checked="" type="checkbox"/>	7.11.2 Cylinder Gauges	<input checked="" type="checkbox"/>	
Normal/Reverse	0 µA	<input checked="" type="checkbox"/>	7.12 GAS INLET REGULATOR OUTPUT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.2 SYSTEM DIAGNOSTICS	<input checked="" type="checkbox"/>	7.12.1.5 O ₂ Inlet Regulator	<input checked="" type="checkbox"/>	25 %O ₂
<input checked="" type="checkbox"/>	7.3 BATTERY CIRCUIT	<input checked="" type="checkbox"/>	7.12.2.4 N2O Inlet Reg.	<input checked="" type="checkbox"/>	25 %O ₂
<input checked="" type="checkbox"/>	7.4 CONFIGURATION	<input checked="" type="checkbox"/>	30 psi	<input checked="" type="checkbox"/>	25 %O ₂
<input checked="" type="checkbox"/>	7.5 SERVICE DATA	<input checked="" type="checkbox"/>	□ n/a	<input checked="" type="checkbox"/>	25 %O ₂
<input checked="" type="checkbox"/>	7.5.2 Last Service Date	<input checked="" type="checkbox"/>	7.12.3.4 O ₂ Pipeline Chk Valve	<input checked="" type="checkbox"/>	10 L/min
7-10-02		<input checked="" type="checkbox"/>	2 cc/min	<input checked="" type="checkbox"/>	
Hours Since Service	100	<input checked="" type="checkbox"/>	7.12.3.6 N2O Pipeline Chk Valve	<input checked="" type="checkbox"/>	0.1 L/min
Total Hours	200	<input checked="" type="checkbox"/>	2 cc/min	<input checked="" type="checkbox"/>	
Total Ventilator Hours	150	<input checked="" type="checkbox"/>	7.12.3.8 Air Pipeline Chk Valve	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.5.7 Ventilator O-Ring	<input checked="" type="checkbox"/>	2 cc/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.6 CALIBRATIONS	<input checked="" type="checkbox"/>	7.13 CYL. REGULATOR & PIPELINE GAUGES	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.6.4 Fresh Gas Flow	<input checked="" type="checkbox"/>	7.13.1 N2O Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.6.7 Pressure	<input checked="" type="checkbox"/>	7.13.1.8 N2O Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.6.9 O ₂ Offset	<input checked="" type="checkbox"/>	35 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.6.11 PEEP	<input checked="" type="checkbox"/>	7.13.2 N2O Gauge	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7 SITE CONFIGURATIONS	<input checked="" type="checkbox"/>	7.13.2.4 N2O Gauge Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.2 O ₂ Position (virtual)	<input checked="" type="checkbox"/>	7.13.3.3 N2O Pipeline Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.3 Gas Selection	<input checked="" type="checkbox"/>	2 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.5 O ₂ Whistle	<input checked="" type="checkbox"/>	7.13.4 Air Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	ON	<input checked="" type="checkbox"/>	7.13.4.7 Air Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.6 No Fresh Gas	<input checked="" type="checkbox"/>	30 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	ON	<input checked="" type="checkbox"/>	7.13.5 Air Pipeline Gauge Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.7 Fresh Gas Low Alarm	<input checked="" type="checkbox"/>	7.13.6.3 Air Pipeline Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	ON	<input checked="" type="checkbox"/>	7.13.7 O ₂ Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.8 Threshold Low Alarm	<input checked="" type="checkbox"/>	7.13.7.7 O ₂ Cylinder Regulator	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	ON	<input checked="" type="checkbox"/>	30 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.9 Ambient Pressure	<input checked="" type="checkbox"/>	7.13.8 O ₂ Pipeline Gauge Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	1013 mbar	<input checked="" type="checkbox"/>	7.13.9.2 O ₂ Pipeline Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.7.12 Serial Ports	<input checked="" type="checkbox"/>	2 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.8 SCAVENGER - AGS	<input checked="" type="checkbox"/>	7.14 HIGH PRESSURE LEAK	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9 BREATHING SYSTEM	<input checked="" type="checkbox"/>	7.14.1.6 O ₂ High Pressure Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.1 Breathing System Inspection	<input checked="" type="checkbox"/>	7.14.3.7 N2O High Pressure Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.1.1 Breathing System S/N ARCC-1358	<input checked="" type="checkbox"/>	□ n/a	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.2 FRESH GAS LEAK	<input checked="" type="checkbox"/>	7.14.3.7 Air High Pressure Leak	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.2.6 Fresh G. Leak	<input checked="" type="checkbox"/>	7.15 OXYGEN SUPPLY FAILURE PROTECTION	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	2 cm/H ₂ O	<input checked="" type="checkbox"/>	7.15.1 N2O	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.2.9 Frsh G. Lk L/vap	<input checked="" type="checkbox"/>	7.15.2 O ₂ Supply Press. Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	2 cm/H ₂ O	<input checked="" type="checkbox"/>	20 psi	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.2.11 F.G. Lk R/vap	<input checked="" type="checkbox"/>	7.15.2.6 O ₂ Supply LOW - Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.16 FLOWMETERS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.3 BREATHING SYSTEM	<input checked="" type="checkbox"/>	7.16.1 O ₂ Flowmeter	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.4 APL VALVE	<input checked="" type="checkbox"/>	7.16.2 N2O Flowmeter	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	10 cm/H ₂ O	<input checked="" type="checkbox"/>	7.16.3 Air Flowmeter	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.4.6 APL Valve	<input checked="" type="checkbox"/>	7.16.4 Aux/O ₂ Flowmeter	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	10 cm/H ₂ O	<input checked="" type="checkbox"/>	50 cm/H ₂ O	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.4.7 APL Valve	<input checked="" type="checkbox"/>	7.16.4.10 Aux/O ₂ Concentration	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	10 cm/H ₂ O	<input checked="" type="checkbox"/>	99 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.5 INHALATION AND EXHALATION VALVES	<input checked="" type="checkbox"/>	7.17 OXYGEN MONITOR	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.5.6 Inh. valve leak	<input checked="" type="checkbox"/>	7.17.12 INSP O ₂ LOW Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	25 cc/min	<input checked="" type="checkbox"/>	7.17.20 INSP O ₂ HIGH Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	7.9.5.12 Exh. valve leak	<input checked="" type="checkbox"/>	7.17.23 O ₂ Concentration	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	15 cc/min	<input checked="" type="checkbox"/>	99 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.18.1.1 O ₂ /N2O Concentration	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.18.1.5 O ₂ /N2O Concentration	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	4.2 L/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	50 L/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.18.1.8 Total Flowmeter	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.18.2 O ₂ /Air Concentration	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	75 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19 SORC	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.4 SORC@ 0.8L/minO ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	25 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.6 SORC@ 1.5L/minO ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	25 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.8 SORC@ 2.0L/min O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	25 %O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.10 SORC@ 10L/min O ₂	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0.7 L/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.11 SORC Low Flow	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0.1 L/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.19.13 SORC-N2O Lift-Off	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	0.1 L/min	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20 PRESSURE MONITOR	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.13 APNEA PRESSURE (med)	<input checked="" type="checkbox"/>	15 sec
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.14 APNEA PRESSURE (high)	<input checked="" type="checkbox"/>	30 sec
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.16 Apnea P. Setting	<input checked="" type="checkbox"/>	cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.19 CONT. PRES.	<input checked="" type="checkbox"/>	sec
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.20 Cont. Pres. Setting	<input checked="" type="checkbox"/>	cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.22 Aw PRES. HIGH Alarm	<input checked="" type="checkbox"/>	40 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.20.25 PRES. NEG. Alarm	<input checked="" type="checkbox"/>	-6 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21 VENTILATOR	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.1 Manual Ventilation	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.2 Spontaneous Breathing	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.3 Flow Sensor Zeroing	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.4 Ventilator Delivery	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.4.11 Volume Delivery @ 380Vt	<input checked="" type="checkbox"/>	400 mL/min
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.4.12 Volume Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.5.2 PEEP Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.6.3 Pmax Accuracy	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.7.4 APL Accuracy @ 30 cm/H ₂ O	<input checked="" type="checkbox"/>	30 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.7.6 APL Accuracy @ Spont	<input checked="" type="checkbox"/>	2 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.10 Pressure Limit Valve	<input checked="" type="checkbox"/>	7.5 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.11.1 Auxiliary Air Valve	<input checked="" type="checkbox"/>	7.5 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.12.5 Piston Chamber Leak	<input checked="" type="checkbox"/>	10 mL/min
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.21.13.3 Vacuum Pressure	<input checked="" type="checkbox"/>	200 cm/H ₂ O
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22 VOLUME ALARMS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22.6 MINUTE VOLUME LOW	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22.9 APNEA FLOW (med)	<input checked="" type="checkbox"/>	15 sec
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22.10 APNEA FLOW (high)	<input checked="" type="checkbox"/>	30 sec
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22.12 FLOW SENSOR FAIL Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.22.17.3 Fresh Gas Low Alarm	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.23 Audit Silence	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.24 Oxygen Flush	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.24.8 Oxygen Flush	<input checked="" type="checkbox"/>	99 %O ₂
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.24.12 Oxygen Flush Rate	<input checked="" type="checkbox"/>	50 L/min
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.25 Final Tests	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.25.1 Operator's Manual	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.25.2 Lamp Test	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	7.25.3 Final Check	<input checked="" type="checkbox"/>	

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID	PARTS DESCRIPTION		PART NUMBER	WHSE	QTY	C/C S/N
							RIKEN	RIKEN	MULTI	RIKEN	MULTI	YES
BIOTEK 501		11/02	746	VOLUMETER	11/02	893						
SENSYM		11/02	782	FLOWMETER	11/02	400						
RIKEN 1814		10/02	763									
TEST GAUGE		4/02	006									
RECOMMENDATIONS/ GENERAL COMMENTS	NO RECOMENDATIONS										CERTIFICATION LEVEL	
											LAST VISIT	A
											THIS VISIT	A
											NEXT VISIT DUE	7/02

T. S. R. Signature John Green I. D. No E-409 Time 6:00pm Customer Signature Drew Jones, MD Date 1/5/02
4117715 REV A
REGULATORY AFFAIRS

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17504



A Dräger and Siemens Company

NARKOMED 4 ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	2.11
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	11111
CITY	ANYTOWN	ROOM NUMBER	OR 1
TELEPHONE	(215) 555-1212	P.O. NUMBER	12345
		DISPATCH NUMBER	UPM1111111

<input checked="" type="checkbox"/> Verify Test Equipment Due Dates <input checked="" type="checkbox"/> SP00062 Vent Valve Lube Due <u>12/04</u> <input checked="" type="checkbox"/> SP00075 Relief Valve Diaphragm Due <u>12/04</u> <input checked="" type="checkbox"/> Dräger Vaporizer Verification SP00073 <input checked="" type="checkbox"/> DES Vaporizer Verification SP00091/SP00189		6.9 FLOWMETERS & GAS CONCENTRATIONS <input checked="" type="checkbox"/> 6.9.1 Oxygen Flowmeter <input checked="" type="checkbox"/> 6.9.2 Heliox Flowmeter & Heliox + O ₂ Concentration <input checked="" type="checkbox"/> 6.9.3 CO ₂ Flowmeter & CO ₂ + O ₂ Concentration <input checked="" type="checkbox"/> 6.9.4 AIR Flowmeter & AIR + O ₂ Concentration <input checked="" type="checkbox"/> 6.9.5 N ₂ O Flowmeter & N ₂ O + O ₂ Concentration <input checked="" type="checkbox"/> 6.9.6 ORC (w/ bypass) / ORMC @ 1, 2, 4 l/min O ₂ <input checked="" type="checkbox"/> 6.9.6.8 Minimum O ₂ Flow <input checked="" type="checkbox"/> 6.9.6.9 N ₂ O bypass flow @ Min. O ₂ - if applicable <input checked="" type="checkbox"/> 6.9.7 Auxiliary O ₂ Flowmeter		6.15.2 PEDIATRIC - EXTERNAL <input checked="" type="checkbox"/> 6.15.2.4 Bellows Inflation Check <input checked="" type="checkbox"/> 6.15.2.7 Max Tidal Volume <input checked="" type="checkbox"/> 6.15.2.9 100 Tidal Volume <input checked="" type="checkbox"/> 6.15.2.12 Relief Valve PEEP <input checked="" type="checkbox"/> 6.15.2.19 Drive Gas Leakage	
<input checked="" type="checkbox"/> 6.1 SELF DIAGNOSTICS <input checked="" type="checkbox"/> 6.2 ELECTRICAL SAFETY - DUE <u>12/04</u> <input checked="" type="checkbox"/> 6.2.1 Ground Continuity <input checked="" type="checkbox"/> 6.2.2 Circuit Isolation Chassis Leakage Current Ground Polarity <input checked="" type="checkbox"/> 6.2.3.1 Normal Normal <u>0</u> µA <input checked="" type="checkbox"/> 6.2.3.2 Open Normal <u>45</u> µA <input checked="" type="checkbox"/> 6.2.3.3 Open Reversed <u>47</u> µA <input checked="" type="checkbox"/> 6.2.3.4 Normal Reversed <u>0</u> µA <input checked="" type="checkbox"/> 6.2.4 Convenience Receptacle & Outlet Strip		6.10 HIGH PRESSURE REGULATORS <input checked="" type="checkbox"/> 6.10.1 N ₂ O Regulator <input checked="" type="checkbox"/> 6.10.2 AIR Regulator <input checked="" type="checkbox"/> 6.10.3 O ₂ Regulator		6.15.3 PEDIATRIC - INTERNAL <input checked="" type="checkbox"/> 6.15.3.3 Bellows Inflation Check <input checked="" type="checkbox"/> 6.15.3.6 Max Tidal Volume <input checked="" type="checkbox"/> 6.15.3.8 100 Tidal Volume <input checked="" type="checkbox"/> 6.15.3.10 Relief Valve PEEP <input checked="" type="checkbox"/> 6.15.3.17 Drive Gas Leakage	
<input checked="" type="checkbox"/> 6.3 CONFIGURATION <input checked="" type="checkbox"/> 6.4 SERVICE DATA <input checked="" type="checkbox"/> 6.5 ABSORBER INSPECTION & MAINTENANCE <input checked="" type="checkbox"/> 6.5.1 Repack Manual Auto Valve - if applicable <input checked="" type="checkbox"/> 6.5.9 Ultrasonic Flow Sensor - if applicable <input checked="" type="checkbox"/> 6.5.10 Spironene Sensor - if applicable		6.11 LOW O ₂ SUPPLY ALARM & SETTING - DUE <u>12/04</u> <input checked="" type="checkbox"/> 6.12 OXYGEN SUPPLY FAILURE PROTECTION		6.16 SPO ₂ / PULSE <input checked="" type="checkbox"/> 6.16.1 Nellcor <input checked="" type="checkbox"/> 6.16.2 Novamatrix	
<input checked="" type="checkbox"/> 6.6 HIGH PRESSURE LEAK - DUE <u>12/04</u> <input checked="" type="checkbox"/> 6.7 BREATHING SYSTEM <input checked="" type="checkbox"/> 6.7.1.8 Absorber & Fresh Gas Leak <input checked="" type="checkbox"/> 6.7.1.9 Vaporizer Leak <input checked="" type="checkbox"/> 6.7.1.16 Exclusion System Check <input checked="" type="checkbox"/> 6.7.2 Vapor Config and Indicator Test <input checked="" type="checkbox"/> 6.7.3 APL Valve Test <input checked="" type="checkbox"/> 6.7.4 PEEP/ PEEP w/ Bypass Test <input checked="" type="checkbox"/> 6.7.5 O ₂ Flush Test <input checked="" type="checkbox"/> 6.7.6 Expiratory Valve Leak Test <input checked="" type="checkbox"/> 6.7.7 Inspiratory Valve Leak Test <input checked="" type="checkbox"/> 6.7.8 Bain Circuit - if applicable		6.13 PRESSURE MONITOR <input checked="" type="checkbox"/> 6.13.5 APNEA Pressure - Alarm <input checked="" type="checkbox"/> 6.13.6 APNEA Pressure - Setting <input checked="" type="checkbox"/> 6.13.8 CONTINUOUS PRESS - Alarm <input checked="" type="checkbox"/> 6.13.9 CONTINUOUS PRESS - Setting <input checked="" type="checkbox"/> 6.13.10 VENT PRESS HI Alarm & Setting <input checked="" type="checkbox"/> 6.13.11 SUB ATM PRESSURE Alarm & Setting		6.17 NIBP TESTS <input checked="" type="checkbox"/> 6.17.1 Inflation Pressure Test <input checked="" type="checkbox"/> 6.17.2 Inflation Time Test <input checked="" type="checkbox"/> 6.17.3 NIBP Leak Test	
<input checked="" type="checkbox"/> 6.8 OXYGEN ANALYZER <input checked="" type="checkbox"/> 6.8.2 21% Calibration <input checked="" type="checkbox"/> 6.8.4 System Alarm Silence <input checked="" type="checkbox"/> 6.8.14 100% O ₂ Concentration		6.14 VENTILATOR <input checked="" type="checkbox"/> 6.14.15 I:E Ratio - Extended Range <input checked="" type="checkbox"/> 6.14.16 I:E Ratio <input checked="" type="checkbox"/> 6.14.19 PLC @ 30 cm H ₂ O <input checked="" type="checkbox"/> 6.14.20 PLC @ MIN <input checked="" type="checkbox"/> 6.14.22 "REVERSE FLOW" - Alarm <input checked="" type="checkbox"/> 6.14.28 APNEA VOL - Alarm <input checked="" type="checkbox"/> 6.14.32 Flow Direction Check <input checked="" type="checkbox"/> 6.14.33 Tidal Volume		6.18 CO ₂ / AGENT ANALYZER <input checked="" type="checkbox"/> 6.18.1 Sample Flow Verification <input checked="" type="checkbox"/> 6.18.2 Line Block Test <input checked="" type="checkbox"/> 6.18.3 Analyzer Accuracy Test	
		6.15 BELLOWS - Adult/ Pediatric Int./ Pediatric Ext. <input checked="" type="checkbox"/> 6.15.1 BELLOWS ADULT <input checked="" type="checkbox"/> 6.15.1.1 1200 ml Tidal Volume <input checked="" type="checkbox"/> 6.15.1.2 Bellows Inflation Check <input checked="" type="checkbox"/> 6.15.1.7 Drive Gas Leakage <input checked="" type="checkbox"/> 6.15.1.14 Max Tidal Volume <input checked="" type="checkbox"/> 6.15.1.15 Relief Valve PEEP <input checked="" type="checkbox"/> 6.15.1.21 200ml Tidal Volume		6.19 OPEN RESERVOIR Cleaning & Testing - DUE <u>12/04</u> <input checked="" type="checkbox"/> 6.20 A/C SCAVENGER Cleaning & Testing - DUE <u>n/a</u> <input checked="" type="checkbox"/> 6.21 BAG SCAVENGER Cleaning & Testing - DUE <u>n/a</u>	
				6.22 SUCTION REGULATOR DUE <u>12/04</u> <input checked="" type="checkbox"/> 6.23 MANUAL SPHYGMOMETER DUE <u>12/04</u>	
				6.24 FINAL TESTS <input checked="" type="checkbox"/> 6.24.1 Operator's Instruction Manual <input checked="" type="checkbox"/> 6.24.3 Battery Test <input checked="" type="checkbox"/> 6.24.5 Auxiliary Lamp	

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S)	1.0 VOL % RIKEN MULTI	2.5 VOL % RIKEN MULTI	4.0 VOL % RIKEN MULTI	RECOMMENDED FOR USE YES NO
	ARNF-0001	H	1.1	1.0	2.7	X
	ARNF-0002	S	1.0	1.1	2.6	4.0
	ARNF-0003	I	1.2	1.1	2.5	4.1

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	multi-meter	01/04	EL-1111			
	safety analyzer	03/04	FS-2222			
	Flowmeter	02/04	FM-1111			
	manometer	01/04	PM-1111			

RECOMMENDATIONS/ GENERAL COMMENTS	CERTIFICATION LEVEL				
	LAST VISIT	A			
	THIS VISIT	A			
	NEXT VISIT DUE		12/03		

T. S. R. Signature	Joe Tech	I. D. No. E-001	Time 1:35 am	Customer Signature	Dr. Jones	Date 09/20/03
REGULATORY AFFAIRS						

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17505



A Dräger and Siemens Company

TEST CERTIFICATE
Narkomed MRI/MRI-2

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	1.11
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	4087
CITY	ANYTOWN	ROOM NUMBER	8
STATE	PA	P.O. NUMBER	73684
ZIP	18970	DISPATCH NUMBER	N/A
TELEPHONE (610)	368-4361		

<input checked="" type="checkbox"/> SP00073 Vapor 19 & 19.1 Service Procedures	<input checked="" type="checkbox"/> 6.9 FRESHGAS LEAK TEST	<input checked="" type="checkbox"/> 6.14A ULTRASONIC FLOW SENSOR - VPO
<input checked="" type="checkbox"/> K.I.S.S. Label	<input checked="" type="checkbox"/> 6.9.6 Fresh Gas Leak <u>.45</u> cm H2O	<input checked="" type="checkbox"/> 6.14A.6 Apnea Volume Mid <u>.15</u> sec
<input checked="" type="checkbox"/> Verify Test Equipment Cal Due Dates	<input checked="" type="checkbox"/> 6.9.9 Vapor Leak <u>.45</u> cm H2O	<input checked="" type="checkbox"/> 6.14A.7 Apnea Volume <u>.30</u> sec
6.1 ELECTRICAL SAFETY TEST	6.10 ABSORBER SYSTEM	6.14A.8 Minute Volume Low Alarm
<input checked="" type="checkbox"/> 6.1.1 Circuit Isolation	<input checked="" type="checkbox"/> 6.10.1 Absorber System Inspection	<input checked="" type="checkbox"/> 6.14A.24 Minute Volume Accuracy
<input checked="" type="checkbox"/> 6.1.2 Ground Continuity	<input checked="" type="checkbox"/> 6.10.2.8 Abs Leak Test <u>.45</u> cm H2O	<input checked="" type="checkbox"/> 6.14A.26 Reverse Flow Message
6.1.3. Leakage Current	<input checked="" type="checkbox"/> 6.10.3.4 APL Valve Test <u>2</u> cm H2O	6.15 VENTILATOR TEST
Ground Polarity	<input checked="" type="checkbox"/> 6.10.4.1 Expiration Valve Leak	<input checked="" type="checkbox"/> 6.15.13 Peak Insp Press <u>.64</u> cm H2O
<input checked="" type="checkbox"/> 6.1.3.2 Normal Normal <u>.25</u> μ A	<input checked="" type="checkbox"/> 6.10.4.2 Inspiration Valve Leak	<input checked="" type="checkbox"/> 6.15.16 Insp Time <u>2.0</u> sec
<input checked="" type="checkbox"/> 6.1.3.4 Open Normal <u>0</u> μ A	<input checked="" type="checkbox"/> 6.10.4.3 Flow Direction	<input checked="" type="checkbox"/> 6.15.18 Exp Time <u>4.0</u> sec
<input checked="" type="checkbox"/> 6.1.3.5 Normal Reverse <u>.25</u> μ A	6.10A BAIN CIRCUIT	<input checked="" type="checkbox"/> 6.15.21 Extended Insp Time <u>4.0</u> sec
<input checked="" type="checkbox"/> 6.1.3.7 Open Reverse <u>0</u> μ A	<input checked="" type="checkbox"/> 6.10A.7 Bain Circuit Leak _____ cmH2O	<input checked="" type="checkbox"/> 6.15.23 Extended Expir Time <u>2.0</u> sec
6.2 SELF DIAGNOSTIC TEST - CORE-M	<input checked="" type="checkbox"/> 6.10A.12 APL Valve	<input checked="" type="checkbox"/> 6.15.24 Vent Cycle Test
<input checked="" type="checkbox"/> 6.2A Self Diagnostic - VPO	6.10B VAPOR EXCLUSION	6.16 BELLows DRIVE GAS LEAK TEST
<input checked="" type="checkbox"/> 6.2B Configuration - VPO	<input checked="" type="checkbox"/> 6.10B.3 Lower Vaporizer	<input checked="" type="checkbox"/> 6.16.8 Drive Gas Leak Flow <u>20</u> ml/min
6.2C SERVICE DATA - VPO	<input checked="" type="checkbox"/> 6.10B.6 Upper Vaporizer	6.17 "F" BELLows TEST
<input checked="" type="checkbox"/> 6.2C.3 Last Service Date <u>1/05/02</u>	6.11 CALIBRATION CORE M	<input checked="" type="checkbox"/> 6.16.7.200 Tidal Vol <u>200</u> ml
<input checked="" type="checkbox"/> 6.2C.4 Hours Since Last Service <u>331</u>	<input checked="" type="checkbox"/> 6.11.5 Flow Calibration	<input checked="" type="checkbox"/> 6.16.7.1000 Tidal Vol <u>1000</u> ml
<input checked="" type="checkbox"/> 6.2C.5 Total Hours <u>729</u>	6.11A CALIBRATION-VPO	<input checked="" type="checkbox"/> 6.16.7.12 Max Tidal Vol <u>1300</u> ml
<input checked="" type="checkbox"/> 6.2C.4 Reset Date	<input checked="" type="checkbox"/> 6.11A.3 O2 Offset Calibration	6.18 VENT RELIEF VALVE TEST
6.3 BATTERY CIRCUIT TEST	<input checked="" type="checkbox"/> 6.11A.10 Baromed Calibration	<input checked="" type="checkbox"/> 6.18.5 Max PEEP <u>2</u> cm H2O
6.4 HIGH PRESSURE LEAK TEST	6.12 OXYGEN CAL AND ALARM-CORE-M	<input checked="" type="checkbox"/> 6.18.7 Tidal Vol Test
<input checked="" type="checkbox"/> 6.4.1 Yoke & Check Valve	<input checked="" type="checkbox"/> 6.12.4 O2 Lo Calibration _____ % O2	6.19 INSP PRESSURE LIMIT TEST
<input checked="" type="checkbox"/> 6.4.2 O2 High Press Leak Test	<input checked="" type="checkbox"/> 6.12.6 O2 Alarms	<input checked="" type="checkbox"/> 6.19.5 Peak Pressure @ "MIN" <u>.12</u> cm H2O
<input checked="" type="checkbox"/> 6.4.3 N2O High Press Leak Test	<input checked="" type="checkbox"/> 6.12.4.2 O2 LO Calibration _____ % O2	<input checked="" type="checkbox"/> 6.19.7 Peak Pressure @ "30" <u>.30</u> cm H2O
6.5 HIGH PRESSURE REGULATOR TEST	<input checked="" type="checkbox"/> 6.12.6 O2 Alarms	<input checked="" type="checkbox"/> 6.19.9 Peak Pressure @ "MAX" <u>.50</u> cm H2O
<input checked="" type="checkbox"/> 6.5.12 O2 High Pressure Regulator	<input checked="" type="checkbox"/> 6.12.11 O2 Hi Calibration _____ % O2	6.20 O2 CONCENTRATION TEST
<input checked="" type="checkbox"/> 6.5.18 N2O High Pressure Regulator	6.12A O2 MED - VPO	<input checked="" type="checkbox"/> 6.20.1.4 O2 & N2O Concentration Test <u>.66</u> % O2
<input checked="" type="checkbox"/> 6.5.18 AIR High Pressure Regulator	<input checked="" type="checkbox"/> 6.12A.6 O2 Calibration _____ % O2	<input checked="" type="checkbox"/> 6.20.2.4 O2 & Air Concentration Test <u>.75</u> % O2
6.6 GAUGES	<input checked="" type="checkbox"/> 6.12A.9-22 O2 Alarms	6.21 O2 RATIO CONTROL TEST
<input checked="" type="checkbox"/> 6.6.1 Cylinder Gauges	<input checked="" type="checkbox"/> 6.12A.23 O2 Med Calibrations _____ % O2	<input checked="" type="checkbox"/> 6.21.5 O2% @ <u>1/l/min</u> <u>.25</u> % O2
<input checked="" type="checkbox"/> 6.6.2 Pipeline Gauges	6.13 PRESSURE ACCURACY CORE-M	<input checked="" type="checkbox"/> 6.21.7 O2% @ <u>1.5/l/min</u> <u>.25</u> % O2
6.7 O2 SUPPLY FAILURE PROTECTION TEST	<input checked="" type="checkbox"/> 6.13.7 Pressure Accuracy	<input checked="" type="checkbox"/> 6.21.9 O2% @ <u>2/l/min</u> <u>.25</u> % O2
<input checked="" type="checkbox"/> 6.7.1.5 N2O OFPD (Cyl)	<input checked="" type="checkbox"/> 6.13.9 Pressure Hi Alarm	<input checked="" type="checkbox"/> 6.21.11 O2% @ <u>4/l/min</u> <u>.25</u> % O2
<input checked="" type="checkbox"/> 6.7.1.10 N2O OFPD (Pipe)	6.13A BAROMED - VPO	<input checked="" type="checkbox"/> 6.21.14 O2% @ <u>1/l/min</u> <u>.25</u> % O2
<input checked="" type="checkbox"/> 6.7.2.5 Air OFPD	<input checked="" type="checkbox"/> 6.13A.15 Apnea Mid Delay <u>.15</u> sec	<input checked="" type="checkbox"/> 6.21.15 N2O Flow @ min O2 <u>500</u> ml/min
<input checked="" type="checkbox"/> 6.7.3.4 O2 Supp Press Alarm <u>37</u> psi	<input checked="" type="checkbox"/> 6.13A.16 Apnea Hi Delay <u>.28</u> sec	6.22 O2 FLUSH & 100% O2 FINAL TEST
6.8 FLOWMETER TEST	<input checked="" type="checkbox"/> 6.13A.18 Apnea Setting <u>.10</u> cmH2O	<input checked="" type="checkbox"/> 6.22.14 O2 Flush Rate <u>.55</u> l/min
6.8.1 O2 Flowmeter	<input checked="" type="checkbox"/> 6.13A.21 Cont. Press Delay <u>.15</u> sec	<input checked="" type="checkbox"/> 6.22.19 O2 Concentration <u>99</u> %
<input checked="" type="checkbox"/> 6.8.1.7 O2 Flow; Min Flow <u>175</u> ml/min	<input checked="" type="checkbox"/> 6.13A.22 Continuous Setting <u>.20</u> cmH2O	<input checked="" type="checkbox"/> 6.23 A/C SCAVENGER
<input checked="" type="checkbox"/> 6.8.2 N2O Flowmeter	<input checked="" type="checkbox"/> 6.13A.23 Vent Pressure High <u>.65</u> cmH2O	6.24 OPEN RESERVOIR SCAVENGER
<input checked="" type="checkbox"/> 6.8.3 Air Flowmeter	<input checked="" type="checkbox"/> 6.13A.27 Sub-Atm Pressure <u>.9</u> cmH2O	<input checked="" type="checkbox"/> 6.25 SUCTION REGULATOR (if applicable)
<input checked="" type="checkbox"/> 6.8.4 Auxiliary O2 flowmeter	6.14 VOLUME CORE-M	<input checked="" type="checkbox"/> 6.25.7 Vacuum @ "Zero"
	<input checked="" type="checkbox"/> 6.14.11 Apnea Vol Mid Alert Delay _____ sec	<input checked="" type="checkbox"/> 6.25.11 Vacuum @ 250mmHg
	<input checked="" type="checkbox"/> 6.14.12 Apnea Vol Hi Alert Delay _____ sec	6.26 FINAL CHECK
	<input checked="" type="checkbox"/> 6.14.21 Minute Vol Accuracy	
	<input checked="" type="checkbox"/> 6.14.28 Tidal Vol Accuracy	
	<input checked="" type="checkbox"/> 6.14.31 Respiratory Rate Hi Alert Alarm	

TEST EQUIP.	SERIAL NUMBER	TYPE (H.E.I.S.)	1.0 VOL. %	2.5 VOL. %	4.0 VOL. %	RECOMMENDED FOR USE	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/CS/N
	+ARCH-1234	H	1.07	2.53	4.11	YES	VENT RELIEF DIA	4110960	409	1	N/A
	ARCK 9999	S	1.02	2.67	4.25						
RECOMMENDATIONS/ GENERAL COMMENTS	SEE REVERSE SIDE CONDITION NUMBER 30										
BIOTEK 501	6/03	746	VOLUMETER	6/03	893						
SENSYM.	6/03	782	FLOWMETER	6/03	400						
RIKEN MODEL 1814	6/03	763									
TEST GAUGE	6/03	006									

John Green	E-409	Drew Jones, MD	CERTIFICATION LEVEL
Technical Service Representative Signature	I.D. No.	Customer Signature	LAST VISIT
			B
			B
			NEXT VISIT DUE 9/02

DrägerService is a division of Draeger Medical, Inc.

REGULATORY AFFAIRS

4114551 REV E

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17506



A Dräger and Siemens Company

NARKOMED 6000 SERIES Anesthesia Systems

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	3.01		
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	12385		
CITY	ANYTOWN	STATE	PA ZIP 18970	ROOM NO.	8
TELEPHONE	(610) 368-4361	CONTACT	Dr. Jones	P.O. NUMBER	73684
				DISPATCH NUMBER	D7643CF2

<input checked="" type="checkbox"/> Verify Test Equipment Due Dates <input checked="" type="checkbox"/> Dräger Vaporizer Verification - SP00073 <input checked="" type="checkbox"/> DES Vaporizer Verification - SP00189		6.9 DIVAN SERVICE MENU <input checked="" type="checkbox"/> 6.9.1 Error Log <input checked="" type="checkbox"/> 6.9.2 Confirm Mode Verification <input checked="" type="checkbox"/> 6.9.3 Power Up Default Settings <input checked="" type="checkbox"/> 6.9.4 Breathing System Heater <input checked="" type="checkbox"/> 6.9.5 Pressure Sensor Zero Calibration <input checked="" type="checkbox"/> 6.9.6 Pressure Sensor Linearity <input checked="" type="checkbox"/> 6.9.7 Vacuum Relief Valve <input checked="" type="checkbox"/> 6.9.8 PE3 Sensor / Control Pressure <input checked="" type="checkbox"/> 6.9.9 Secondary Control Pressure <input checked="" type="checkbox"/> 6.9.10 Expiratory Valve Leak <input checked="" type="checkbox"/> 6.9.11 Inspiratory Valve Leak <input checked="" type="checkbox"/> 6.9.12 Ventilator Override <input checked="" type="checkbox"/> 6.9.13 Power-Up Divan Leak Rate <input checked="" type="checkbox"/> 6.10 SUCTION SWITCH - Due 12-02 <input checked="" type="checkbox"/> 6.11 SUCTION REGULATOR - Due 12-02 6.12 OXYGEN ANALYZER <input checked="" type="checkbox"/> 6.12.2 O2 Analyzer Concentration <input checked="" type="checkbox"/> 6.12.9 O2 Analyzer O2 Calibration 6.13 FLOWMETERS/GAS CONCEN/EFG MEASURE <input checked="" type="checkbox"/> 6.13.1 Oxygen Flowmeter <input checked="" type="checkbox"/> 6.13.2 Air Flowmeter <input checked="" type="checkbox"/> 6.13.3 Nitrous Oxide Flowmeter <input checked="" type="checkbox"/> 6.13.4.2 O2 Ratio Control @ 4 L/min <input checked="" type="checkbox"/> 6.13.4.4 O2 Ratio Control @ 2 L/min <input checked="" type="checkbox"/> 6.13.4.6 O2 Ratio Control @ 1 L/min <input checked="" type="checkbox"/> 6.13.5 Auxiliary Oxygen Flowmeter 6.14 HIGH PRESSURE REGULATOR - Due 12-02 <input checked="" type="checkbox"/> 6.14.1 N2O Regulator <input checked="" type="checkbox"/> 6.14.2 Air Regulator <input checked="" type="checkbox"/> 6.14.3 O2 Regulator 6.15 LOW O2 SUPPLY - Due 12-02 6.16 OXYGEN SUPPLY FAILURE PROTECTION <input checked="" type="checkbox"/> 6.16.3 Minimum O2 Flow <input checked="" type="checkbox"/> 6.16.5 N2O Flow @ Minimum O2 Flow <input checked="" type="checkbox"/> 6.16.8 N2O & AIR - Oxygen Supply Protection																				
		<input checked="" type="checkbox"/> 6.17 DIVAN OPERATING MODES <input checked="" type="checkbox"/> 6.17.1 Mechanical Ventilation <input checked="" type="checkbox"/> 6.17.1.13 APNEA VOL. Caution <input checked="" type="checkbox"/> 6.17.1.14 Reverse Flow <input checked="" type="checkbox"/> 6.17.1.19 Tidal Volume Accuracy <input checked="" type="checkbox"/> 6.17.1.23 PEEP Set @ 20 cm H2O <input checked="" type="checkbox"/> 6.17.1.25 PEEP Set @ 0 cm H2O <input checked="" type="checkbox"/> 6.17.1.31 SIMV Synchronized Breath <input checked="" type="checkbox"/> 6.17.1.34 Pres. Mode PEAK Pressure <input checked="" type="checkbox"/> 6.17.2 Manual/Spont Ventilation <input checked="" type="checkbox"/> 6.18 OPEN RESERVOIR PRESSURE RELIEF - Due 12-02 <input checked="" type="checkbox"/> 6.19 A/C SCAVENGER PRESSURE RELIEF - Due _____																				
		<input checked="" type="checkbox"/> 6.20 GAS ANALYSIS POD (GAP) <input checked="" type="checkbox"/> 6.20.1.4 Min Sample Flow <input checked="" type="checkbox"/> 6.20.1.6 Max Sample Flow <input checked="" type="checkbox"/> 6.20.1.9 CO2 Line Block <input checked="" type="checkbox"/> 6.20.2.4 MEAN CO2 <input checked="" type="checkbox"/> 6.20.2.5 MEAN N2O <input checked="" type="checkbox"/> 6.20.2.6 MEAN DES <input checked="" type="checkbox"/> 6.20.2.9 APNEA CO2 Caution <input checked="" type="checkbox"/> 6.21 GAS ANALYSIS POD (GAP2) <input checked="" type="checkbox"/> 6.21.1.4 Low Sample Flow <input checked="" type="checkbox"/> 6.21.1.6 Normal Sample Flow <input checked="" type="checkbox"/> 6.21.1.9 CO2 Line Block <input checked="" type="checkbox"/> 6.21.2.4 MEAN CO2 <input checked="" type="checkbox"/> 6.21.2.5 MEAN N2O <input checked="" type="checkbox"/> 6.21.2.6 MEAN ISO <input checked="" type="checkbox"/> 6.21.2.7 MEAN SEV <input checked="" type="checkbox"/> 6.21.2.10 APNEA CO2 Caution 6.22 ELECTRICAL SAFETY <input checked="" type="checkbox"/> 6.22.1 Ground Continuity <input checked="" type="checkbox"/> 6.22.2 Circuit Isolation <input checked="" type="checkbox"/> 6.22.3.3 Chassis Leakage Current <table border="0"> <tr> <td>Ground</td> <td>Polarity</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td>Normal 0 µA</td> </tr> <tr> <td><input checked="" type="checkbox"/> Open</td> <td>Normal 90 µA</td> </tr> <tr> <td><input checked="" type="checkbox"/> Open</td> <td>Reverse 90 µA</td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td>Reverse 0 µA</td> </tr> </table> <input checked="" type="checkbox"/> 6.22.4 Convenience Receptacle & Outlet Strip 6.23 FINAL CHECKS <input checked="" type="checkbox"/> 6.23.3 Alarm Audit Silence <input checked="" type="checkbox"/> 6.23.6 Primary Speaker Test <input checked="" type="checkbox"/> 6.23.7 Backup Speaker Test <input checked="" type="checkbox"/> 6.23.8 Battery Test <input checked="" type="checkbox"/> 6.23.14 Divan Leak & Compliance Check <input checked="" type="checkbox"/> 6.23.18 Operator's Instruction Manual											Ground	Polarity	<input checked="" type="checkbox"/> Normal	Normal 0 µA	<input checked="" type="checkbox"/> Open	Normal 90 µA	<input checked="" type="checkbox"/> Open	Reverse 90 µA	<input checked="" type="checkbox"/> Normal	Reverse 0 µA
Ground	Polarity																					
<input checked="" type="checkbox"/> Normal	Normal 0 µA																					
<input checked="" type="checkbox"/> Open	Normal 90 µA																					
<input checked="" type="checkbox"/> Open	Reverse 90 µA																					
<input checked="" type="checkbox"/> Normal	Reverse 0 µA																					

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE	1.0	2.5	4.0	6.0	10.0	12.0	16.0	RECOMMENDED FOR USE	YES	NO
	(H,D,E,I,S)	VOL. %										
+AREJ 1234	H	1.07	2.53	4.11						X		
AW614375	D			4.0	6.4	10.2	12.4	16.8		X		
AREF2345	I	1.05	2.6	3.9						X		

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID
	BIOTEK 501	09/02	7342	FLOWMETER	04/03	0081
MULTI-METER		01/03	2733			
SENSYM.		09/02	2212			
RIKEN MODEL 18		08/02	0424			
TEST GAUGE		02/03	0063			
VOLUMETER		02/03	2300			

RECOMMENDATIONS/ GENERAL COMMENTS	NO RECOMMENDATIONS			CERTIFICATION LEVEL		
	LAST VISIT	A		THIS VISIT	A	
	NEXT VISIT DUE	9/02				

T. S. R. Signature	John Green	I. D. No. E-409	Time 6:00pm	Customer Signature	Drew Jones, MD	Date 06/06/02
--------------------	------------	-----------------	-------------	--------------------	----------------	---------------

4115093 REV F

REGULATORY AFFAIRS

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP175007



A Dräger and Siemens Company

**NARKOMED MOBILE / MILITARY
ANESTHESIA SYSTEM**

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	1.01
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	12385
CITY	ANYTOWN	STATE	PA ZIP 18970
TELEPHONE	(610) 368-4361	CONTACT	Dr. Jones
P.O. NUMBER	73684		
DISPATCH NUMBER	D7643CF2		

<input type="checkbox"/> Verify Test Equipment Due Dates <input type="checkbox"/> SP00075 Relief Valve Diaphragm Due 9/23/03 <input type="checkbox"/> Dräger Vaporizer Verification SP00073 <input type="checkbox"/> DES Vaporizer Verification SP00091/SP00189		6.8 BREATHING SYSTEM <input type="checkbox"/> 6.8.1.9 Absorber & Fresh Gas Leak <input type="checkbox"/> 6.8.1.11 Vaporizer Leak <input type="checkbox"/> 6.8.2 APL Valve <input type="checkbox"/> 6.8.3 O2 Flush <input type="checkbox"/> 6.8.4 Exploratory Valve Leak Test <input type="checkbox"/> 6.8.5 Respiratory Valve Leak Test <input type="checkbox"/> 6.8.6 Absorber PEEP Valve Test		6.14 PRESSURE MONITOR <input type="checkbox"/> 6.14.5 APNEA Pressure - Alarm <input type="checkbox"/> 6.14.6 APNEA Pressure - Setting <input type="checkbox"/> 6.14.8 Continuous Pres. - Alarm <input type="checkbox"/> 6.14.9 Continuous Pres. - Setting <input type="checkbox"/> 6.14.10 Vent. Pres. Hi - Alarm & Setting <input type="checkbox"/> 6.14.11 Sub. Atm Pres. - Alarm & Setting																					
6.1 SELF DIAGNOSTICS		6.9 OXYGEN ANALYZER <input type="checkbox"/> 6.9.2 O2 Calibration <input type="checkbox"/> 6.9.15 100% O2 Concentration		6.15 VENTILATOR <input type="checkbox"/> 6.15.7 I:E Ratio - Extended Range <input type="checkbox"/> 6.15.8 I:E Ratio <input type="checkbox"/> 6.15.17 PLC @ 30 <input type="checkbox"/> 6.15.18 PLC @ MIN <input type="checkbox"/> 6.15.20 Reverse Flow <input type="checkbox"/> 6.15.30 Flow Direction Check <input type="checkbox"/> 6.15.31 Tidal Volume <input type="checkbox"/> 6.15.35 AIR/O2 Mode Switch																					
6.2 ELECTRICAL SAFETY - DUE 9/23/03 <input type="checkbox"/> 6.2.1 Battery Check & Ground Continuity <input type="checkbox"/> 6.2.2 Circuit Isolation 6.2.3.3 Chassis Leakage Current <table border="1"> <tr> <td>Ground</td> <td>Polarity</td> <td>Normal</td> <td>28</td> <td>µA</td> </tr> <tr> <td><input type="checkbox"/> 6.2.3.3.1</td> <td>Normal</td> <td>Normal</td> <td>0</td> <td>µA</td> </tr> <tr> <td><input type="checkbox"/> 6.2.3.3.2</td> <td>Open</td> <td>Reversed</td> <td>30</td> <td>µA</td> </tr> <tr> <td><input type="checkbox"/> 6.2.3.3.3</td> <td>Normal</td> <td>Reversed</td> <td>0</td> <td>µA</td> </tr> </table>		Ground	Polarity	Normal	28	µA	<input type="checkbox"/> 6.2.3.3.1	Normal	Normal	0	µA	<input type="checkbox"/> 6.2.3.3.2	Open	Reversed	30	µA	<input type="checkbox"/> 6.2.3.3.3	Normal	Reversed	0	µA	6.10 FLOWMETER & CONCENTRATIONS <input type="checkbox"/> 6.10.1 Oxygen Flowmeter <input type="checkbox"/> 6.10.2 Air Flowmeter & O2/Air Concentration <input type="checkbox"/> 6.10.3 N2O Flowmeter & O2/N2O Concentration <input type="checkbox"/> 6.10.4 ORC Tests @ 1, 2 & 4 l/min O2 <input type="checkbox"/> 6.10.5 Auxiliary Oxygen Flowmeter		6.16 BELLOWS ADULT <input type="checkbox"/> 6.16.1 1200 ml Tidal Volume <input type="checkbox"/> 6.16.2 Bellows Inflation Check <input type="checkbox"/> 6.16.7 Drive Gas Leakage <input type="checkbox"/> 6.16.14 Max Tidal Volume <input type="checkbox"/> 6.16.15 Relief Valve PEEP <input type="checkbox"/> 6.16.21 200 ml Tidal Volume	
Ground	Polarity	Normal	28	µA																					
<input type="checkbox"/> 6.2.3.3.1	Normal	Normal	0	µA																					
<input type="checkbox"/> 6.2.3.3.2	Open	Reversed	30	µA																					
<input type="checkbox"/> 6.2.3.3.3	Normal	Reversed	0	µA																					
6.3 CONFIGURATION		6.11 HIGH PRESS. REG - DUE 3/01/04 <input type="checkbox"/> 6.11.1 N2O Regulator <input type="checkbox"/> 6.11.2 O2 Regulator		6.17 SCAVENGER <input type="checkbox"/> 6.17.1 Passive Mode <input type="checkbox"/> 6.17.2 Suction Mode																					
6.4 SERVICE DATA <input type="checkbox"/> 6.4.8 Reset Service Date <input type="checkbox"/> 6.4.10 Next Service - Due 9/23/03		6.12 LOW O2 SUPPLY - DUE 3/01/04		6.18 FINAL TESTS <input type="checkbox"/> 6.18.1 Operator's Instruction Manual																					
6.5 CALIBRATIONS - DUE 3/01/04 <input type="checkbox"/> 6.5.3 O2 Analyzer Zero Calibration <input type="checkbox"/> 6.5.11 Pressure Zero & Span Calibration																									
6.6 ABSORBER INSPECTION <input type="checkbox"/> 6.6.8 Ultrasonic Flow Sensor - Mobile <input type="checkbox"/> 6.6.9 Spiromed Sensor - Military		6.13 O2 SUPPLY FAILURE PROTECTION <input type="checkbox"/> 6.13.2 Minimum O2 Flow <input type="checkbox"/> 6.13.4 N2O Bypass Flow @ Min. O2 <input type="checkbox"/> 6.13.7 O. F.P.D. Verification - All Gases																							
6.7 HIGH PRESSURE LEAK																									

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S,D)	1.0 VOL %	2.5 VOL %	4.0 VOL %	RECOMMENDED FOR USE
	+ARCH-1234	H	1.07	2.53	4.11	X
	ARCK 9999	S	1.02	2.67	4.25	X

TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/C/S/N
	BIOTEK 501	6/03	746								
	SENSYM.	6/03	782								
	RIKEN 1814	6/03	763								
	TEST GAUGE	6/03	006								
	FLOWMETER	6/03	893								
	VOLUMETER	6/03	400								

RECOMMENDATIONS/ GENERAL COMMENTS	SEE REVERSE SIDE CONDITION NUMBER 30	CERTIFICATION LEVEL

T. S. R. Signature	John Green	I. D. No. E-409	Time 6:00pm	Customer Signature	Drew Jones, MD	Date 6/5/02
--------------------	------------	-----------------	-------------	--------------------	----------------	-------------

SP17512



A Dräger and Siemens Company

FABIUS TIRO ANESTHESIA SYSTEM

DrägerService is a division of Draeger Medical, Inc. 3122 Commerce Drive Telford, PA 18969 / USA (215) 721-5402 (800) 4-DRAGER (215) 723-5935 FAX

INSTITUTION	GENERAL HOSPITAL	SOFTWARE VERSION NUMBER	2.0
ADDRESS	123 MAIN STREET	MACHINE SERIAL NUMBER	11325
CITY	ANYTOWN	ROOM NUMBER	2
STATE	PA	P.O. NUMBER	65829
ZIP	18970	DISPATCH NUMBER	D7342BC1
TELEPHONE	(215) 321-6543	CONTACT	Dr. Smith

8.1 ELECTRICAL SAFETY	8.9.7 LEAKAGE CONTROL PORT
<input checked="" type="checkbox"/> 8.1.1 Protective Ground Continuity	<input checked="" type="checkbox"/> 8.9.7.5 Leakage Control Port <u>5</u> cc/min
<input checked="" type="checkbox"/> 8.1.2 Circuit Isolation	
<input checked="" type="checkbox"/> 8.1.3 Auxiliary Outlet	<input type="checkbox"/> n/a
<input checked="" type="checkbox"/> 8.1.4.3 Chassis Leakage Current	
Open/Normal <u>9</u> μ A	
Normal/Normal <u>0</u> μ A	
Open/Reverse <u>0</u> μ A	
Normal/Reverse <u>0</u> μ A	
8.2 SYSTEM DIAGNOSTICS	8.9.8.1 SORC
<input checked="" type="checkbox"/> 8.3 BATTERY CIRCUIT	<input checked="" type="checkbox"/> 8.18.4 SORC @ 0.8L/min O ₂ <u>25</u> %O ₂
<input checked="" type="checkbox"/> 8.4 CONFIGURATION	<input checked="" type="checkbox"/> 8.18.6 SORC @ 1.5L/min O ₂ <u>25</u> %O ₂
8.5 SERVICE DATA	<input checked="" type="checkbox"/> 8.18.8 SORC @ 2.0L/min O ₂ <u>25</u> %O ₂
<input checked="" type="checkbox"/> 8.5.3 Last Service Date <u>7-10-03</u>	<input checked="" type="checkbox"/> 8.18.10 SORC @ 10L/min O ₂ <u>25</u> %O ₂
Hour Since Service <u>100</u>	<input checked="" type="checkbox"/> 8.18.11 SORC Low Flow <u>0.6</u> L/min
Total Hours <u>200</u>	<input checked="" type="checkbox"/> 8.18.13 SORC Lift-Off <u>0.1</u> L/min
Total Ventilator Hours <u>150</u>	
<input checked="" type="checkbox"/> 8.5.7 Ventilator O-Ring	8.19 PRESSURE MONITOR
8.6 CALIBRATIONS	<input checked="" type="checkbox"/> 8.19.13 APNEA PRESSURE (med) <u>15</u> sec
<input checked="" type="checkbox"/> 8.6.4 Fresh Gas Flow	<input checked="" type="checkbox"/> 8.19.14 APNEA PRESSURE (high) <u>30</u> sec
<input checked="" type="checkbox"/> 8.6.7 Pressure	<input checked="" type="checkbox"/> 8.19.16 Apnea P. Setting <u>8</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.6.9 O ₂ Offset	<input checked="" type="checkbox"/> 8.19.19 CONT. PRES. <u>15</u> sec
<input checked="" type="checkbox"/> 8.6.11 PEEP	<input checked="" type="checkbox"/> 8.19.20 Cont. Pres. Setting <u>17</u> cm/H ₂ O
8.7 SITE CONFIGURATIONS	<input checked="" type="checkbox"/> 8.19.22 Aw PRES. HIGH Alarm <u>40</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.7.2 O2 Position (virtual) <u>R</u>	<input checked="" type="checkbox"/> 8.19.25 PRES. NEG. Alarm <u>-8</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.7.3 Gas Selection <u>3</u>	
<input checked="" type="checkbox"/> 8.7.5 O2 Whistle <u>ON</u>	8.20 VENTILATOR
<input checked="" type="checkbox"/> 8.7.6 No Fresh Gas <u>ON</u>	<input checked="" type="checkbox"/> 8.20.1 Manual Ventilation
<input checked="" type="checkbox"/> 8.7.7 Fresh Gas Low Alarm <u>ON</u>	<input checked="" type="checkbox"/> 8.20.2 Spontaneous Breathing
<input checked="" type="checkbox"/> 8.7.8 Threshold Low Alarm <u>ON</u>	<input checked="" type="checkbox"/> 8.20.3 Flow Sensor Zeroing
<input checked="" type="checkbox"/> 8.7.9 Ambient Pressure <u>1013</u> mbar	<input checked="" type="checkbox"/> 8.20.4 Ventilator Delivery
<input checked="" type="checkbox"/> 8.7.12 Serial Ports	<input checked="" type="checkbox"/> 8.20.4.11 Volume Delivery @ 380Vt <u>390</u> mL/min
8.8 SCAVENGER – AGS	<input checked="" type="checkbox"/> 8.20.4.12 Volume Accuracy
8.9 BREATHING SYSTEM	<input checked="" type="checkbox"/> 8.20.5.3 Pmax Accuracy
<input checked="" type="checkbox"/> 8.9.1 Breathing System Inspection	<input checked="" type="checkbox"/> 8.20.7.4 APL Accuracy @ 40 cm/H ₂ O <u>39</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.9.1.1 Breathing System S/N <u>ARCC-1263</u>	<input checked="" type="checkbox"/> 8.20.7.6 APL Accuracy @ Spont. <u>0</u> cm/H ₂ O
8.9.2 FRESH GAS LEAK	<input checked="" type="checkbox"/> 8.20.10 Pressure Limit Valve <u>75</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.9.2.6 Fresh G. Leak <u>25</u> cm/H ₂ O	<input checked="" type="checkbox"/> 8.20.11.1 Auxiliary Air Valve <u>-82</u> cm/H ₂ O
<input checked="" type="checkbox"/> 8.9.2.9 Fresh G. Lk w/vap <u>25</u> cm/H ₂ O	<input checked="" type="checkbox"/> 8.20.12.3 Vacuum Pressure <u>198</u> cm/H ₂ O
8.9.3 BREATHING SYSTEM	8.21 VOLUME ALARMS
<input checked="" type="checkbox"/> 8.9.4 APL VALVE	<input checked="" type="checkbox"/> 8.21.6 MINUTE VOLUME LOW
<input checked="" type="checkbox"/> 8.9.4.6 APL Valve <u>10</u> cm/H ₂ O	<input checked="" type="checkbox"/> 8.21.9 APNEA FLOW (med) <u>15</u> sec
<input checked="" type="checkbox"/> 8.9.4.7 APL Valve <u>10</u> <u>40</u> cm/H ₂ O	<input checked="" type="checkbox"/> 8.21.10 APNEA FLOW (high) <u>30</u> sec
8.9.5 INHALATION AND EXHALATION VALVES	<input checked="" type="checkbox"/> 8.21.12 FLOW SENSOR FAIL Alarm
<input checked="" type="checkbox"/> 8.9.5.6 Inh. valve leak <u>5</u> cc/min	<input checked="" type="checkbox"/> 8.21.17.3 Fresh Gas Low / No Fresh Gas Alarms
<input checked="" type="checkbox"/> 8.9.5.12 Exh. valve leak <u>5</u> cc/min	
8.9.6 FRESH GAS DECOUPLING VALVE	8.22 Audio Silence
<input checked="" type="checkbox"/> 8.9.6.7 Fresh Gas Decl Valve Leak <u>5</u> ml/min	<input checked="" type="checkbox"/> 8.23 Oxygen Flush
	<input checked="" type="checkbox"/> 8.23.8 Oxygen Flush <u>100</u> %O ₂
	<input checked="" type="checkbox"/> 8.23.12 Oxygen Flush Rate <u>48</u> L/min
	8.24 Final Tests
	<input checked="" type="checkbox"/> 8.24.1 Operator's Manual
	<input checked="" type="checkbox"/> 8.24.2 Lamp Test
	<input checked="" type="checkbox"/> 8.24.3 Final Check

VAPOR CONCENTRATION VERIFICATION	SERIAL NUMBER	TYPE (H,E,I,S)	1.0 VOL % RIKEN/MULTI	2.5 VOL % RIKEN/MULTI	4.0 VOL % RIKEN/MULTI	RECOMMENDED FOR USE YES NO	P	PARTS DESCRIPTION	PART NUMBER	WHSE	QTY	C/C S/N
	+ARCH-1234	H	1.07	2.53	4.11	X	P					
	ARCK 9999	S	1.02	2.67	4.25	X						
TEST EQUIP.	DEVICE	CAL DUE	ID	DEVICE	CAL DUE	ID						
TEST EQUIP.	BIOTEK 501	11/02	746	VOLUMETER	11/02	893						
TEST EQUIP.	SENSYM	11/02	782	FLOWMETER	11/02	400						
TEST EQUIP.	RIKEN 1814	10/02	763									
TEST EQUIP.	TEST GAUGE	4/02	006									

RECOMMENDATIONS/GENERAL COMMENTS	NO RECOMENDATIONS		CERTIFICATION LEVEL	
	LAST VISIT	THIS VISIT	NEXT VISIT DUE	

T.S.R. Signature	John Green	I.D. No.	E-315	Time	5:30pm	Customer Signature	Drew Jones, MD	Date	1/4/03
------------------	------------	----------	-------	------	--------	--------------------	----------------	------	--------

4118460 REV A

REGULATORY AFFAIRS

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

Only the owner of the equipment, with user input, can decide suitability for use within a particular environment.
Draeger Medical offers the following recommendations for your consideration.

EQUIPMENT CONDITION	**	DRAEGER MEDICAL RECOMMENDATIONS	CERTIFICATION LEVEL
			D
4. * No touch-coded oxygen flow control knob.	II	Install touch-coded oxygen flow control knob.	D
11. Ventilator is equipped with descending bellows and lacks integrated CO2 monitoring, or fresh gas low alarm.	I	Install an ascending bellows. With the continued use of descending bellows, it is absolutely mandatory that the system is only used with constant monitoring of the patient's exhaled CO2.	D
14. CO2/Agent monitor exhaust port is not properly connected to waste gas disposal system.		Connect monitor exhaust port to waste gas disposal system.	B
16.* Vaporizer installed downstream from fresh gas outlet.		Remove vaporizer from downstream position and replace fresh gas hose.	D
18.* No waste gas disposal system.		Issue Departmental Alert. Recommend the installation of an appropriate scavenger system.	D
19.* No 19mm or 30mm hose terminals for scavenger hose connections.	I	Replace obsolete hose connections on waste gas disposal system.	D
21. No ventilator pressure limit control.		Install ventilator pressure limit control on "F" style bellows.	B
25. PEEP device on 22mm terminal of expiratory valve.		Issue Department Alert. Remove PEEP device. Install integrated absorber PEEP with bypass valve.	D
27. Ventilator bellows has a PEEP Valve.		Remove the ventilator bellows PEEP valve and convert to integrated absorber PEEP valve with bypass valve.	B
30. Anesthesia machine is equipped with inhalation anesthesia vaporizers without an agent monitor in the breathing system.		Install an agent monitor, or a Vitalert 3000 series patient monitor. (Use only MRI compatible monitor where applicable.)	B
31. Anesthesia machine is equipped with a TEC 6 Desflurane or Draeger Sevoflurane vaporizer, and the 4600 three agent analyzer is indicating another agent when Sevoflurane, or Desflurane are selected.		Upgrade three gas agent analyzer to a 4610 five gas analyzer, or remove the Desflurane, and, or the Sevoflurane vaporizer.	D

* Denotes a hazard that is substantially diminished by anesthesia machines complying with current applicable standards for components used in anesthesia systems.

Please refer to page 9-12 in Draeger Medical's Safety guidelines Anesthesia System Risk Reduction manual. (white book located in the storage drawer of the machine or available upon request)

**** ADDITIONAL RECOMMENDATIONS**

I The system in its present configuration shall only be used with a CO2 monitor incorporating an apnea warning. The operator of the system is advised to frequently scan the CO2 readings and alarm thresholds.

II The present configuration of equipment requires that the unit operate at all times with an oxygen analyzer that includes a low oxygen warning. The operator of the system is advised to frequently scan the oxygen readings and alarm limits.

CERTIFICATION LEVEL

B - Certified with Recommendations
D - No Certification

SP17508

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

SP17509

I M M E D I A T E L Y C O D E D	<p>WARNING</p> <p>THIS SYSTEM IS NOT CERTIFIED</p> <p>Refer to the Periodic Manufacturer's checklist and Executive Summary reports for details regarding this inspection.</p> <p>Only the owner of this equipment, with user input, can decide suitability for use within a particular environment.</p> <p>Date: <u>3/4/02</u> Next Visit Due: <u>6/02</u></p> <p>Authorized Signature: <u>John M. Green</u></p> <p style="text-align: center;">Drägermedical A Dräger and Siemens Company</p>
---	---

4114857

	<p style="text-align: center;">Drägermedical A Dräger and Siemens Company</p> <p>Periodic Manufacturer's Certification</p> <p>Serial Number: <u>11583</u></p> <p>A ⇡ B ⇡ C ⇡</p> <p><input checked="" type="checkbox"/> Certified Time: <u>7:35</u> a.m. (p.m.) <input type="checkbox"/> Certified w/ recommendations Date: <u>8/10/02</u> <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II Next Visit Due: <u>11/02</u></p> <p>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</p> <p>Authorized Signature: <u>John M. Green</u> S010007</p>
--	---

	<p style="text-align: center;">Drägermedical A Dräger and Siemens Company</p> <p>Periodic Manufacturer's Certification</p> <p>Serial Number: <u>11583</u></p> <p>A ⇡ B ⇡ C ⇡</p> <p><input type="checkbox"/> Certified Time: <u>7:35</u> a.m. (p.m.) <input checked="" type="checkbox"/> Certified w/ recommendations Date: <u>8/10/02</u> <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II Next Visit Due: <u>11/02</u></p> <p>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</p> <p>Authorized Signature: <u>John M. Green</u> S010006</p> <p>Call 1-800-543-5047 for service</p>
--	--

	<p style="text-align: center;">Drägermedical A Dräger and Siemens Company</p> <p>Periodic Manufacturer's Certification</p> <p>Serial Number: <u>11583</u></p> <p>A ⇡ B ⇡ C ⇡</p> <p><input type="checkbox"/> Certified Time: <u>7:35</u> a.m. (p.m.) <input checked="" type="checkbox"/> Certified w/ recommendations Date: <u>8/10/02</u> <input checked="" type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II Next Visit Due: <u>11/02</u></p> <p>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</p> <p>Authorized Signature: <u>John M. Green</u> S010007</p>
--	--

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

**CAUTION: AFTER FILLING
HAS BEEN COMPLETED,
REINSERT PLUG INTO
UPPER FILLER PORT AND
TIGHTEN LOCKING SCREW**

4112520-001

CAUTION

DO NOT USE!

THIS UNIT DOES NOT
PERFORM WITHIN
FACTORY SPECIFICATIONS

REFER TO SERVICE
DOCUMENTATION FOR DETAILS

4114327

WARNING

- THE ADMINISTRATION OF DESFLURANE ANESTHESIA MAY REQUIRE FRESH GAS CONCENTRATIONS HIGHER THAN COMMONLY USED WITH OTHER VOLATILE ANESTHETIC AGENTS. O₂ FRESH GAS CONCENTRATION OF LESS THAN 21% MAY BE OBTAINED WITH HIGH VAPORIZER SETTINGS. CONTINUOUS MONITORING OF THE O₂ CONCENTRATION IN THE BREATHING SYSTEM IS THEREFORE REQUIRED.
- NORTH AMERICAN DRÄGER RECOMMENDS THE CONTINUOUS MONITORING OF THE CONCENTRATION OF ANESTHETIC VAPORS IN THE BREATHING SYSTEM DURING THE ADMINISTRATION OF INHALATION ANESTHESIA.

4112737-001

SP17511

PERIODIC MANUFACTURER'S CERTIFICATION (continued)



A Dräger and Siemens Company

3122 Commerce Drive
 Telford, PA 18969 / USA
 (215) 721-5402
 (800) 543-5047
 (215) 723-5935 FAX

NOTICE

- A Periodic Manufacturer's Certification (PMC) has been performed on this anesthesia machine and it is possible that during the service procedure, settings of the controls, patient circuit components, and other auxiliary devices may have been changed. Please check the machine for proper setup prior to clinical use.
- It is possible that the vaporizers on this anesthesia machine are empty and require filling. Please check before clinical use.
- PMC and Executive Summary Reports have been prepared for this anesthesia machine. Please refer to these reports for compliance to any possible recommendations.
- The Operator's Manual for this anesthesia machine is located in the equipment storage drawer.
- We were unable to locate the Operator's Manual for this anesthesia machine. Please contact our Technical Service Department at 1-800-543-5047 if the manual for this type of machine is not on file with the institution.
- ⚠ WARNING: THIS SYSTEM IS NOT CERTIFIED**
 Refer to the Periodic Manufacturer's checklist and Executive Summary reports for details regarding this inspection. Only the owner of this equipment, with user input, can decide suitability for use within a particular environment.

NOTE: REMOVE NOTICE BEFORE CLINICAL USE



S010011

THE CONCENTRATION OUTPUT OF THIS VAPORIZER SHALL BE VERIFIED AFTER IT HAS BEEN ATTACHED TO THE ANESTHESIA MACHINE

S010015

SP17510

Drägermedical <small>A Dräger and Siemens Company</small>	
Periodic Manufacturer's Certification	
Serial Number: _____	
Time: _____ a.m. p.m. Date: _____	
<input type="checkbox"/> Certified <input type="checkbox"/> Certified w/ recommendations <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II Next Visit Due: _____	
<small>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</small>	
Authorized Signature: _____ S010006 <small>Call 1-800-543-5047 for service</small>	

S010006

Drägermedical <small>A Dräger and Siemens Company</small>	
Periodic Manufacturer's Certification	
Serial Number: _____	
Time: _____ a.m. p.m. Date: _____	
<input type="checkbox"/> Certified <input type="checkbox"/> Certified w/ recommendations <input type="checkbox"/> Conditionally Certified <input type="checkbox"/> I <input type="checkbox"/> II Next Visit Due: _____	
<small>Certified represents proper operating condition per manufacturer's specification at the time that inspection and validation were completed. Refer to Periodic Manufacturer's Certification and Executive Summary reports for details regarding DMI recommendations and Conditional certification.</small>	
Authorized Signature: _____ S010007	

S010007

VAPORIZER VERIFICATION

Drägermedical
A Dräger and Siemens Company

NAME: _____ DATE: _____

TYPE: HAL ENF ISO SEVO DES

NO AGENT TO TEST

1% =

2.5% =

4% =

6% =

10% =

12% =

16% =

PASS

FAIL

S010016

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

CHAPTER IV

STANDARD COMPLIANCE

The design, production and performance of the various devices utilized in an anesthesia system are frequently subject to standards. These standards are voluntary and manufacturer's are not obligated to comply with them. Certain local ordinances, however, may require specific compliance. It is the intention of most of

the standards to obligate manufacturers to comply with certain minimum safety requirements but it is a further intention to provide for compatibility and interchangeability of certain components of the breathing system such as hoses, Y-pieces, connectors and adapters.

The following represents a listing of standards which deal with the components of an anesthesia system. The listing is not intended to be complete due to the ongoing process of the introduction of new standards and sometimes the overlapping activities of different standard organizations addressing the same device.

APPLICABLE STANDARDS FOR THE COMPONENTS USED IN ANESTHESIA SYSTEMS

1. American National Standards Institute (ANSI)
11 West 42nd Street
New York, NY 10036, USA
Phone: (212) 642-4900
Fax: (212) 302-1286

ANSI/ASME B40.1- 1991 Gauges - Pressure Indicating Dial Type - Elastic Element

2. American Society for Testing and Materials (A.S.T.M.)
100 Barr Harbor Drive
West Conshohocken, PA 19428, USA
Phone: (610) 832-9585
Fax: (610) 832-9555

Note: Year shown in Brackets is year the standard was reapproved.

F 960-86 (1993)	Standard Specification for Medical and Surgical Suction and Drainage Systems
F 1054-87 (1994)	Standard Specification for Conical Fittings of 15 mm and 22 mm Sizes
F 1101-90 (1996)	Standard Specification for Ventilators Intended for Use During Anesthesia
F 1161-88 (1994)	Standard Specification for Minimum Performance and Safety Requirements for Components and Systems of Anesthesia Gas Machines
F 1204-88 (1993)	Standard Specification for Anesthesia Reservoir Bags
F 1205-88 (1993)	Standard Specification for Anesthesia Breathing Tubes
F 1208-89 (1994)	Standard Specification for Minimum Performance and Safety Requirements for Anesthesia Breathing Systems
F 1343-91	Standard Specification for Anesthetic Equipment - Scavenging Systems for Anesthetic Gases
F 1415-92	Standard Specification for Pulse Oximeters
F 1452-92	Standard Specification for Minimum Performance and Safety Requirements for Components and Systems of Anesthetic Gas Monitors
F 1456-92	Standard Specification for Capnometers
F 1462-93	Standard Specification for Oxygen Analyzers
F 1463-93	Standard Specification for Alarm Signals in Medical Equipment Used in Anesthesia and Respiratory Care
F 1850	Standard Specification for Particular Requirements for Anesthesia Workstations and their Components

A.S.T.M. Standards Under Development:

F1850-98aCorrigendum

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

STANDARD COMPLIANCE (CONTINUED)

3. Compressed Gas Association (CGA)
1725 Jefferson Davis Highway, Suite 1004
Arlington, VA 22202-4102
Phone: (703) 412-0900
Fax: (703) 412-0128

ANSI/CGA E7-1992 American Ntl. Standard for Medical Gas Regulators and Flowmeters	
Pamphlet C-9-1988 (Reaffirmed 1993)	Standard Color Marking of Compressed Gas Containers Intended for Medical Use
Pamphlet V-1-1994	Compressed Gas Cylinder Valve Outlet and Inlet Connections
Pamphlet G-4.3-1994	Commodity Specification for Oxygen
Pamphlet G-7-1990	Compressed Air for Human Respiration
Pamphlet V-5-1989	Diameter Index Safety System
Pamphlet P-2-1996	Characteristics and Safe Handling of Medical Gases
Pamphlet P-14-1992	Accident Prevention in Oxygen-Rich and Oxygen Deficient Atmospheres

4. National Fire Protection Association (NFPA)
1 Batterymarch Park
Quincy, MA 02269
Phone: (617) 770-3000 or 1-800-344-3555
Fax: 1-800-593-6372

NFPA 99	Standard for Health Care Facilities - 1999 Edition
NEC	National Electrical Code 1999

5. Underwriters Laboratories, Inc. (UL)
333 Pfingston Road
Northbrook, IL 60062-2096
Phone: (847) 272-8800

UL 252	Standard for Safety, Compressed Gas Regulators
UL 544	Standard for Safety, Medical and Dental Equipment
UL 2601-1	Standard for Safety, Medical Electrical Equipment, Part 1: General Requirements for Safety

6. Association for the Advancement of Medical Instrumentation (AAMI)
3330 Washington Boulevard, Suite 400
Arlington, VA 22201-4598
Phone: (703) 525-4890
Fax: (703) 276-0793

ANSI/AAMI ES-1-1993 Safe Current Limits for Electromedical Equipment

B. FOREIGN STANDARDS

1. Canadian Standards Association (CSA)
178 Rexdale Boulevard
Etobicoke, Ontario, Canada M9W 1R3
Phone: (416) 747-4044

C22.2 No. 125-M1984 (1996)	Electromedical Equipment
CAN/CSA-C22.2 No. 601.1-M90 (1997)	Medical Electrical Equipment, Part 1: General Requirements for Safety
CAN/CSA-C22.2 No. 601.1S1-94	Supplement No. 1-94 to CAN/CSA C22.2 No. 601.1-M90, [Adopted IEC 601-1, Amendment 1 (1994)]

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

STANDARD COMPLIANCE (CONTINUED)

CAN/CSA-C22.2 No. 601.1.1-94	Medical Electrical Equipment, Part 1: General Requirements for Safety - 1. Collateral Standard: Safety Requirements Medical Electrical Systems
CAN/CSA-C22.2 No. 601.2-94	Medical Electrical Equipment, Part 1: General Requirements for Safety - 2. Collateral Standard: Electromagnetic Compatibility - Requirements and Test
CAN/CSA-C22.2 No. 601.2.13-94	Anaesthetic Machines
CAN/CSA-ISO 7767-98	Oxygen Monitors for monitoring patient breathing mixtures - Safety Requirements (Adopted ISO 7767-97)
CAN/CSA-ISO 9703.1-97	Anaesthesia and Respiratory Care Alarm Signals - Part 1: Visual Alarm Signals (Adopted ISO 9703.1-92)
CAN/CSA-ISO 9703.2-97	Anaesthesia and Respiratory Care Alarm Signals - Part 2: Auditory Alarm Signals (Adopted ISO 9703.2-94)
CAN/CSA-ISO 11196-98	Anaesthetic Gas Monitors
Z168.3-97	Anaesthesia Machines for Medical Use
Z168.5.1-97	Anaesthesia Ventilators
CAN/CSA-Z168.6-M89	Oxygen Analyzers
CAN3-Z168.8-M82 (R1994)	Anaesthetic Gas Scavenging Systems
CAN/CSA-Z168.9-92	Breathing Systems for Use in Anaesthesia
Z168.11-94	Vacuum Devices for Suction and Drainage
CAN/CSA-Z305.1-92	Nonflammable Medical Gas Piping Systems
CAN/CSA-Z305.2-M88 (R1997)	Low-Pressure Connecting Assemblies for Medical Gas Systems
CAN/CSA-Z305.3-M87 (R1997)	Pressure Regulators, Gauges, and Flow-Metering Devices for Medical Gases
CAN/CSA-Z5360-94	Anaesthetic Vaporizers - Agent Specific Filling Systems (Adopted ISO 5360-93)
CAN/CSA-Z9919-94	Pulse Oximeters for Medical Use - Requirements
CAN/CSA - ISO 8835-3-98	Anaesthetic Gas Scavenging Systems

2. International Electrotechnical Commission (IEC)*

3, rue de Varembé
PO Box 131
1211 Geneva 20
Switzerland
Phone: +41 22 919 02 11
Fax: +41 22 919 03 00

IEC 601-1: 1988	Medical Electrical Equipment - Part 1, General Requirements for Safety
IEC 601-1-1: 1992	Medical Electrical Equipment - Part 1, General Requirements for Safety, 1. Collateral Standard Safety requirements for medical electrical systems
IEC 601-1-2: 1993	Medical Electrical Equipment - Part 1, General Requirements for Safety, 2. Collateral Standard: Electromagnetic Compatibility
IEC 601-1-4: 1996	Medical Electrical Equipment - Part 1, General Requirements for Safety, 4. Collateral Standard: Programmable electrical medical systems
IEC 601-2-13: 1998	Medical Electrical Equipment - Part 2: Particular requirements for the safety of anaesthetic machines

3. International Standards Organization (ISO)*

1, rue de Varembé
Case postale 56
CH-1211 Geneva 20
Switzerland
Phone: +41 22 749 01 11
Fax:+41 22 733 34 30

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

STANDARD COMPLIANCE (CONTINUED)

ISO 5145: 1990	Cylinder valve outlets for gases and gas mixtures - Selection and dimensioning
ISO 5356-1: 1996	Anaesthetic and respiratory equipment - Conical connectors - Part 1: Cones and sockets
ISO 5356-2: 1987	Anaesthetic and respiratory equipment - Conical connectors - Part 2: Screw threaded, weight-bearing fittings
ISO 5359: 1989	Low pressure flexible connecting assemblies (hose assemblies) for use with medical gas systems
ISO 5360: 1993	Anaesthetic vaporizers - Agent specific filling systems
ISO 5362: 1986	Anaesthetic reservoir bags
ISO 5367: 1991	Breathing tubes intended for use with anaesthetic apparatus and ventilators
ISO 7396: 1987	Nonflammable medical gas pipeline systems
ISO 7767: 1997	Oxygen analyzers for monitoring patient breathing mixtures - safety requirements
ISO 8835-2: 1993	Inhalational anaesthesia systems - Part 2: Anaesthetic circle breathing systems
ISO 8835-3: 1997	Inhalational anaesthesia systems - Part 3: Anaesthetic gas scavenging systems - Transfer and receiving systems
ISO 9170: 1990	Terminal units for use in medical gas pipeline systems
ISO 9703-1: 1992	Anaesthesia and respiratory care alarm signals - Part 1: Visual alarm signals
ISO 9703-2: 1994	Anaesthesia and respiratory care alarm signals - Part 2: Auditory alarm signals
ISO 9918: 1993	Capnometers for use with humans - Requirements
ISO 9919: 1992	Pulse oximeters for medical use - Requirements
ISO 10079-3: 1992	Medical suction equipment - Part 3: Suction equipment powered from vacuum or pressure source
ISO 10524	Pressure regulators and pressure regulators with flow metering devices for medical gas systems
ISO 111196:1995	Anaesthetic gas monitors

*In the United States of America these international standards can be purchased from:

American National Standards Institute (ANSI)
11 West 42nd Street
New York, NY 10036, USA
Phone: (212) 642-4900
Fax: (212) 302-1286

The risk manager of a hospital or the biomedical engineering department may be interested in obtaining these standards in order to develop a better understanding of the equipment in his possession or to aid in the decision making process for purchasing new equipment.

There are in general three important sections in a standard; the Requirements, the Test Procedures and the rationale. While the requirements of the standard are normally easy to understand, some additional information must be provided for the test procedures. The test procedure in a standard applies to "type testing" only. Manufacturer's in general will not test every single unit for compliance with this "type test". Furthermore, the manufacturer's effort is aimed towards complying with the test specifications when the device leaves his custody but the tolerances stated in the specification manual for in-field testing after use may be wider.

The rationale section of a standard contains helpful information for the risk manager of a hospital. In many cases it will address and state the reasons for the requirement and by doing so may educate the reader concerning possible hazards contained in equipment when not complying with a standard. In standard terminology "MAY" denotes an optional feature, "SHOULD" denotes a desirable, but not mandatory feature, while "SHALL" denotes a mandatory feature.

It is not the intention of the authors to recommend an ongoing updating of equipment whenever new standards are released or existing standards are updated. It must be further understood that equipment does not become automatically obsolete when different standards are published. It is up to the department to make an evaluation if noncompliance with a certain standard requirement will present a potential risk and if any measures such as modification(s) or education are required to reduce this risk.

PERIODIC MANUFACTURER'S CERTIFICATION (continued)

22 July 2002

3122 Commerce Drive
Telford, PA 18969
Telephone: (215) 721-5402
(800) 543-5047
Facsimile: (215) 723-5935



A Dräger and Siemens Company

EXECUTIVE SUMMARY

Test Vigilance
123 Telford Ave
Telford, PA 18961

RE: Periodic Manufacturer's Certification Summary
Dispatch Number: JHE45ERGX

Dear Valued Customer,

I have completed a Periodic Manufacturer's Certification on your anesthesia systems under service contract with Draeger Medical, Inc.. The Periodic Manufacturer's Certification is a program implemented to advise you of the current condition of your equipment and of the upgrades that may be made to meet the current applicable standards as well as to assist your facility in deciding the suitability for use within a particular environment. Attached herewith, is each machine/monitor that was examined as well as our recommendations for each. Please refer to the following symbols if they apply.

* Denotes a hazard that is greatly diminished by anesthesia machines complying with applicable standards for components used in anesthesia systems. Refer to Pages 9 - 12 in the North American Dräger Safety Guidelines and Risk Reduction manual.

! Denotes an equipment condition for a machine that will not be certified by the manufacturer after June 1, 1999.

I The system in its present configuration shall only be used with a CO₂ monitor incorporating an apnea warning. The operator of the system is advised to frequently scan the CO₂ readings and the alarm thresholds.

II The present configuration of the equipment requires that the unit operate at all times with an oxygen analyzer that includes a low oxygen warning. The operator of the system is advised to frequently scan the oxygen readings and alarm limits.

Since many of our service calls are made after normal operating room working hours and key personnel may be unavailable, it is incumbent upon the recipient of this letter and its appropriate attachments, to forward it to the Chief of Anesthesia and/or Risk Manager at your facility. Please review these documents carefully and sign below as an acknowledgment that you have reviewed this information.

Sincerely,

Technical Service Representative

Customer Signature: _____

Date: _____

PERIODIC MANUFACTURER'S CERTIFICATION (continued)



A Dräger and Siemens Company

	Dispatch Number: JHE45ERGX	22 July 2002
Only the owner of the equipment with user input can decide its suitability for use within its particular environment. NAD offers the following recommendations for your consideration.		

MACHINE TYPE: Narkomed 2B Equipment Condition <i>PEEP device on 22mm terminal of expiratory valve. Anesthesia machine is equipped with inhalation anesthesia vaporizers without an agent monitor in the breathing system. Enflurane Agent is unavailable for tests.</i>	SERIAL NUMBER: TEST3 Recommendation <i>Issue Department Alert. Remove PEEP device. Install integrated absorber PEEP with bypass valve. Install an agent monitor or a Vitalert 3000 series patient monitor. Add agent or remove vaporizer.</i>
MACHINE TYPE: Narkomed 4 Equipment Condition <i>Integrated absorber system PEEP valve does not have the bypass valve.</i>	SERIAL NUMBER: TEST4 Recommendation <i>Install integrated absorber PEEP valve with bypass valve.</i>
MACHINE TYPE: Narkomed 6000 Equipment Condition <i>No Recommendations</i>	SERIAL NUMBER: TEST5 Recommendation <i>No Recommendations</i>

End of Executive Summary

[RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS](#)
[RETURN TO CD-ROM TABLE OF CONTENTS](#)

[RETURN TO SERVICE PROCEDURE TABLE OF CONTENTS](#)
[RETURN TO CD-ROM TABLE OF CONTENTS](#)



A Dräger and Siemens Company

DrägerService is a division of
Draeger Medical, Inc.
3122 Commerce Drive
Telford, PA 18969
Tel: (215) 721-5402
 (800) 543-5047
Fax: (215) 721-5784
Web: www.draegermedical.com
Printed in the U.S.A.